

**PART B - FEE(S) TRANSMITTAL**

AUG 12 2005

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7590 05/10/2005

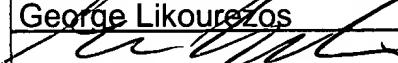
George Likourezos  
Carter Deluca Farrell & Schmidt LLP  
445 Broad Hollow Road  
Suite 225  
Melville, NY 11747  
08/12/2005 HDESTR2 0000057 09684044

01 FC:2501 700.00 0P

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George Likourezos	(Depositor's name)
	(Signature)
August 10, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/684,044	10/06/2000	Eilaz Babaev	24149-11	3047

TITLE OF INVENTION: NOZZLE FOR ULTRASOUND WOUND TREATMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	\$700	08/10/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
THOMPSON, MICHAEL M	3763	604-022000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rcv 03-02 or more recent) attached. Use of a Customer Number is required.	<u>1</u> <u>Carter, DeLuca,</u> <u>2</u> <u>Farrell &amp; Schmidt, LLP</u> <u>3</u> _____

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are enclosed:**

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 Publication Fee (No small entity discount permitted)  
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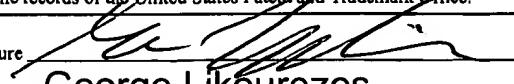
A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2140 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

  
George Likourezos

Typed or printed name

Date August 10, 2005

Registration No. 40,067

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